

Judicial Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Delbert Hosemann  
SECRETARY OF STATE

Name of Candidate Jeffrey C. SmithAddress P. O. Box 681, Columbus, MS 39703County LowndesTelephone Work 662-328-2711Home 662-327-0407Fax 62-328-0745Contact Name Jeff S. SmithEmail Address simsandsims@yahoo.comOffice Sought MS House of Representatives

Check here if above is different from previous report

- May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X   ~~January 10, 2011~~ January 31, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$2,825.00+\$	\$ 2,825.00	\$
Total amount of disbursements	\$5,100.00+\$	\$ 5,100.00	\$
Total amount of cash on hand		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Jeff Smith  
Signature of Candidate

January 31, 2010  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 128, Jackson, MS 39205 or fax to 601-359-1499 or 601-578-2513.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Jeffrey C. SmithReporting period January 1, 2010 through December 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>C.D. Smith</b>		<b>12 / 15 / 10</b>	\$ <b>500.00</b>
Mailing Address <b>2310 7th Street</b>		___ / ___ / ___	\$
City, State, Zip Code <b>Meridian, MS 39301</b>		___ / ___ / ___	\$
Name of Employer (Required) <b>A T &amp; T</b>		___ / ___ / ___	\$
Occupation (Required) <b>Regional Manager</b>		Aggregate year-to-date	\$ <b>500.00</b>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Ron Aldridge</b>		<b>12 / 10 / 10</b>	\$ <b>200.00</b>
Mailing Address <b>3000-B North State Street</b>		___ / ___ / ___	\$
City, State, Zip Code <b>Jackson, MS 39216</b>		___ / ___ / ___	\$
Name of Employer (Required) <b>GRAFT PAC</b>		___ / ___ / ___	\$
Occupation (Required) <b>Director</b>		Aggregate year-to-date	\$ <b>200.00</b>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Jack Forbus</b>		<b>12 / 20 / 10</b>	\$ <b>500.00</b>
Mailing Address <b>600 Hogan Street</b>		___ / ___ / ___	\$
City, State, Zip Code <b>Starkville, MS 39759</b>		___ / ___ / ___	\$
Name of Employer (Required) <b>Mississippi Agents &amp; Employee PAC</b>		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <b>500.00</b>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Beth C. Clay</b>		<b>12 / 20 / 10</b>	\$ <b>500.00</b>
Mailing Address <b>P. O. Box 217</b>		___ / ___ / ___	\$
City, State, Zip Code <b>Jackson, MS 39205-0217</b>		___ / ___ / ___	\$
Name of Employer (Required) <b>Capital Advocacy Group PAC (The Clay Firm)</b>		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <b>500.00</b>

Name of Candidate or Committee Jeffrey C. SmithReporting period January 1, 2010 through December 31, 2010**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Meredith Broyles</b>		<b>10 / 14 / 10</b>	\$ 250.00
Mailing Address <b>201 Keith Street SW, Suite 80</b>		___ / ___ / ___	\$
City, State, Zip Code <b>Cleveland, TN 37311</b>		___ / ___ / ___	\$
Name of Employer (Required) <b>U.S. Money Shops</b>		___ / ___ / ___	\$
Occupation (Required) <b>Manager of Government Affairs</b>		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <b>LLC</b>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>KOCH</b>		<b>12 / 17 / 10</b>	\$ 250.00
Mailing Address <b>600 14th Street NW, Suite 800</b>		___ / ___ / ___	\$
City, State, Zip Code <b>Washington, DC</b>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <b>Association</b>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Mississippi Association for HomeCare</b>		<b>12 / 17 / 10</b>	\$ 300
Mailing Address <b>134 Fairmont Street, Suite B</b>		___ / ___ / ___	\$
City, State, Zip Code <b>Clinton, MS 39056</b>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>LeTonia Armstrong MPH</b>		<b>11 / 15 / 10</b>	\$ 325.00
Mailing Address <b>4708 Billdale Drive</b>		___ / ___ / ___	\$
City, State, Zip Code <b>Knoxville, TN 37914</b>		___ / ___ / ___	\$
Name of Employer (Required) <b>ABBOTT</b>		___ / ___ / ___	\$
Occupation (Required) <b>Regional Director - State Government Affairs</b>		Aggregate year-to-date	\$ 325.00

Name of Candidate or Committee Jeffrey C. SmithReporting period January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Sterling Towers</b>		
Mailing Address		\$ 425.00 per month
<b>170 E. Griffith</b>	<b>01 / 01 / 10</b>	
City, State, Zip Code	<b>12 / 31 / 10</b>	\$
<b>Jackson, MS 39202</b>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5,100.00
<b>Apartment Rental</b>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$